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February 15, 2002

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Dear Provider:

This letter provides important information about the implementation of new drug prior authorization requirements for the Medicaid Pharmacy Program.

Revised Drug Prior Authorization Forms: Some revisions have been made to the Drug Prior Authorization Request Form (MAP-82001) and the Brand Name Drug Request Form (MAP-82101) which was formerly titled Brand Name Override Request Form. A copy of each of these forms is enclosed. While the initial versions of these forms will still be accepted, please use the revised version of these two forms.

- **New Request Form for PPI's and H2 Blockers**: As announced in the January 29, 2002, provider letter, effective February 19, 2002, the PPI and H2 Blocker Request Form (MAP-012802) must be used to request prior authorization (PA) for those proton pump inhibitors and H2 receptor blockers that require PA. A copy of this form is also enclosed; however, it should not be used until February 19, 2002. Since the form requires clinical information, we recommend that the prescriber complete and submit the form.

- Copies of drug prior authorization request forms may be downloaded from the Unisys web site at http://kymmis.com or from the Medicaid web site **at http://chs.state.ky.us/dms/**. They may also be obtained by calling Unisys provider enrollment at 877-838-5085.

- The MAP-122 Drug Prior Authorization/Authorization to Bill is obsolete. Requests submitted on the MAP-122 form after March 15, 2002, will not be processed but will be returned to the provider.

Where to Send Drug Prior Authorization (PA) Requests: The toll-free **fax** number for routine PA requests is **866-863-8803** and for urgent requests is **800-877-2219.** Drug PA requests may be faxed 24 hours/day 7 days/week and except for holidays will be reviewed as follows: Monday-Friday 10:00 AM - 10:00 PM EST, Saturday 11:00 AM - 8:00 PM EST, and Sunday 12:00 PM - 6:00 PM EST. Prescribers are requested to include the pharmacy name and fax number on the drug request form.

CNS Stimulants Used to Treat ADHD: The following changes are effective **March 1, 2002**:

- Except as specified below, the following CNS stimulants used for ADHD will not require prior authorization (PA), except for brand name drug requests, for recipients age 18 or younger, but will require PA for recipients age 19 and older:

  Amphetamine Mixed Salts (Adderall, Adderall XR)
  Dextroamphetamine (Dexedrine, Dextrostat)
  Methamphetamine (Desoxyn)
  Methylphenidate (Ritalin, Methylin)
  Methylphenidate Extended Release drugs (e.g., Concerta, Metadate CD)
  Dexmethylphenidate (Focalin)

- There will be a quantity limit of 30 dosage units per month for Adderall XR and Concerta and 60 dosage units per month for Adderall immediate release. Monthly quantities in excess of this will require PA.

- Pemoline (generic Cylert) will continue to require prior authorization. The prior authorization process for pemoline will require individuals who are not currently being treated with pemoline to have failed two other CNS stimulants before pemoline will be approved.

Benzodiazepine anxiolytics: The following changes are effective **April 1, 2002**:

- Lorazepam (generic Ativan) has been designated the preferred benzodiazepine anxiolytic and will be available without prior authorization (PA), except for brand name drug requests, for the initial 2 months of therapy. Therapy beyond the initial two months will require PA.

- The anticonvulsant clonazepam (generic Klonopin) will continue to be available without PA.

- Prior authorization of alprazolam (generic Xanax), chlordiazepoxide (generic Librium), clorazepate (generic Tranxene), diazepam (generic Valium), halazepam (generic Paxipam), or oxazepam (generic Serax) for recipients who are not currently being treated with such drugs will require documentation of treatment with lorazepam first unless there is valid medical justification.

Narcotic analgesic combination products: The following changes are effective **April 22, 2002**:

- Generically available narcotic analgesic combination products of codeine, oxycodone, or hydrocodone in combination with acetaminophen or another non-narcotic analgesic will be available without prior authorization (PA) for the initial 30 days of therapy per year with the class of narcotic analgesic combination products. Beyond the initial 30 days of therapy with the class of narcotic analgesic combination products, PA will be required.

  - Nursing facility residents will be exempt from the 30-day limit.

  - Generic Tylenol #3 will be exempt from the 30-day limit and will continue to be available without PA except as specified below.

- Narcotic analgesic combination products of codeine, oxycodone, or hydrocodone in combination with acetaminophen will require PA if the daily dose of acetaminophen is greater than or equal to 4 grams. PA will also be required for generic Tylenol #3 if the daily dose is greater than or equal to 4 grams.

- Single-source brand name narcotic analgesic combination products (e.g., Zydone, Vicoprofen, Percocet 2.5 mg, 7.5 mg, 10 mg) without generic equivalents will continue to require PA.

Non-barbiturate sedative-hypnotics: The following changes are effective **April 29, 2002:**

- Estazolam (generic Prosom), temazepam (generic Restoril) 15 mg and 30 mg only, and triazolam (generic Halcion) will be available without prior authorization (PA), except for brand name drug requests, for the initial two 2 months of therapy per year with the sedative-hypnotic class. Beyond the initial 2 months of sedative-hypnotic class therapy, PA will be required.

- Flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril) 7.5 mg will continue to require PA.

- Zaleplon (Sonata) and zolpidem (Ambien) will be available without prior authorization (PA) for recipients age 65 and older for the initial 2 months of therapy per year with the sedative-hypnotic class. Beyond the initial 2 months of sedative-hypnotic class therapy, PA will be required. Prior authorization for zaleplon (Sonata) and zolpidem (Ambien) will be based on medical necessity and will not require previous therapy with another sedative-hypnotic as a condition of PA.

H2 Receptor Blockers: Cimetidine (generic Tagamet) and ranitidine (generic Zantac) are on the Preferred Drug List and do not require prior authorization. Effective February 19, 2002, Axid, Pepcid, and generic famotidine will require prior authorization with documentation of therapeutic failure with clinically appropriate doses of cimetidine and ranitidine or other medical justification (e.g., significant adverse reactions or drug interactions). In addition, brand name Tagamet and Zantac will require prior authorization with valid medical justification before approval.

Proton Pump Inhibitors (PPI's): The proton pump inhibitor Protonix is on the Preferred Drug List and does not require prior authorization (PA) for up to 12 weeks of therapy.

- Effective February 19, 2002, other PPI's (e.g., Nexium, Prevacid, Aciphex, and Prilosec) will require PA and documentation of therapeutic failure with clinically appropriate doses of Protonix or other medical justification (e.g., adverse reactions, drug interactions; gastrostomy tube administration).

- Effective April 2, 2002, PA will be required for proton pump inhibitor (PPI) therapy after 12 weeks of cumulative therapy. Continuation of PPI therapy may be approved based upon medical necessity.

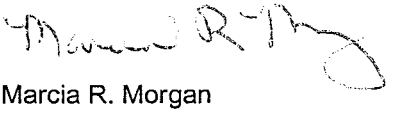
Refills of Prescriptions for PPI's and H2 Receptor Blockers: Prescriptions for PPI's and H2 receptor blockers written before February 19, 2002, may be refilled through April 30, 2002, without prior authorization, if the prescriber approved refills and if there is a refill indicator of 1 to 5 on the pharmacy claim.

Nursing Facilities: The prior authorization requirements for proton pump inhibitors and H2 receptor blockers and for the CNS stimulants, benzodiazepine anxiolytics, narcotic analgesic combination products, and sedative hypnotics indicated above, apply to recipients in nursing facilities and are not exempted by use of the MAP-573 form.

Internet Web Site: Medicaid's web site at ***http://chs.state.ky.us/dms/*** is being expanded to provide more information about the Medicaid Pharmacy Program and related topics such as pharmacy provider letters, Pharmacy and Therapeutics Advisory Committee meetings and recommendations, and Drug Management Review Advisory Board meetings and recommendations. You are encouraged to use this web site.

For questions regarding billing of pharmacy claims, contact Unisys provider relations at 800-807-1232. For questions regarding this letter or Medicaid policies, contact the Division of Managed Care at 502-564-7940.

Sincerely,



Marcia R. Morgan
Secretary

Attachments